



STATE OF CONNECTICUT  
Department of Public Health  
Information Technology Section  
Tele: (860) 509-7206

TO: Data Request Customer

FROM: DATA REQUEST OFFICE  
Information Technology Section

RE: Health Care Professional Requests – CD-ROM or Email

This correspondence is intended to provide information to persons and/or organizations requesting in **Electronic data (CD-ROM or Email)** information from the Department of Public Health (DPH) Licensing database.

**Guidelines are as follows:**

- We require **PREPAYMENT** for all orders. Your order will not be started until payment is received.
- The practitioners on file are referred to as licensed **ACTIVE** for the reason that they are entitled to hold a valid Connecticut license, regardless if they are practicing, not practicing, or retired.
- Our files currently DO NOT include any employment data or group practice affiliation.
- Some of the data elements may be incomplete and/or unverified in our files because of the type of information we receive from the professional completing their applications. For example, the address given may be their home or business. We attempt to give you their 'contact' address.
- Routine requests may take up to 4 weeks to process from the date your request is opened and payment is verified for accuracy. If you need overnight shipping as opposed to regular mail, please include your Federal Express billing number on the questionnaire (these charges to be billed directly to you).
- For email requests, files will be sent as a txt file or "zipped" file for . Please verify that you can receive zip files as an email attachment.

**DISCLAIMER: Upon receiving your request, we ask you to inspect the data as soon as possible. We will not be responsible for any errors/damages after a 2-month period. It will be at the discretion of our department whether to replace any data in this time period.**

**Procedures:**

- **PLEASE PRINT LEGIBLY.** We will not be held responsible if your request is sent to the wrong address because the contact information is illegible.
- When filling in the 'requestor information', complete ALL lines whether you pick-up your CD or are having the data emailed to you.
- We cannot accept payment by credit card at this time.
- **NOTE:** when writing your check, it must reflect the correct amount and be made payable exclusively to: "Treasurer, State of Connecticut". **Otherwise, checks that are not made payable as indicated or have the wrong amount, will be returned and your request will be delayed until a correct check is received.**
- Upon completion of the forms, please send the form and your check to:

Department of Public Health  
Information Technology Section  
ATTN: DATA REQUEST OFFICE  
410 Capitol Avenue  
MS #13DPR  
Hartford, Connecticut 06134

If you have questions do not hesitate to contact the Data Request office at (860) 509-7206.

<b>For I.T. Office Use Only:</b>	DATE D.R. E-MAILED:	DATE D.R.SENT OR PICKUP: NAME (pick-up):
Date /Amt. rec'd:	Request Processed:	Data Completed:

FOR CD-ROM/E-MAIL

State of Connecticut  
DPH Information Technology Section  
Electronic (CD-ROM or E-mail) Data Request Form

Requestor Information (Complete ALL fields):  
(PLEASE PRINT OR TYPE LEGIBLY)

Date of Request \_\_\_\_\_

Contact Person: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Media type (Check only one):    A.) CD ☐    B.) EMAIL ☐ (Be sure your email address is filled in above)

Delivery choices (for CD):

Regular Mail ☐ Federal Express Overnight?\* ☐ (Billing #: \_\_\_\_\_)

\*NOTE: Your request will only be sent federal express if you provide us with a billing/account number or an address label with your address as recipient and your billing number on the label.

Please allow at least 4 weeks for processing/delivery.

License Status:    ACTIVE ☐    INACTIVE ☐    Retired ☐ (Applies to Dentists & Nursing professions ONLY)

File Format (Applies to a CD-ROM and E-mail). (Check only one):

ASCII Text Fixed Width ☐

Example: 007    000031    BREWSTER    JEANETTE    126 HOWE AVE    SHELTON    CT    06484

ASCII Text Field (Comma Delimited) ☐

Example: "007","000031","BREWSTER","JEANETTE","126 HOWE AVE","SHELTON","CT","06484"

ASCII Text Undelimited) ☐

Example: 007000031BREWSTERJEANETTE126 HOWE AVESHELTONCT06484

FEE: For either CD-ROM or Email File

NOTE: New price effective February 1, 2009

☐ \$40.00 - CD or file (e-mail). This fee is for one or many health professionals on one CD or in one file. Each additional CD or file is \$10.00.

**PRICES SUBJECT TO CHANGE WITHOUT NOTICE**

\*\*\*\*\*Please keep a copy of PAGE 3 to reference license type codes & definitions\*\*\*\*\*

LICENSE TYPE CODES and DEFINITIONS				LICENSE TYPE CODES and DEFINITIONS			
AS OF 01/21/2009				AS OF 01/21/2009			
<input type="checkbox"/>	43	ACUPUNCTURIST	317	<input type="checkbox"/>	10	REGISTERED NURSE	53,154
<input type="checkbox"/>	12	ADVANCED PRAC. REG. NURSE	3,040	<input type="checkbox"/>	35	REGISTERED SANITARIAN	429
<input type="checkbox"/>	91	ASBESTOS ABATEMENT SUPERVISOR	1,303	<input type="checkbox"/>	26	RESPIRATORY CARE THERAPIST	1,678
<input type="checkbox"/>	90	ASBESTOS ABATEMENT WORKER	2,492	<input type="checkbox"/>	58	SOCIAL WORKER	5,031
<input type="checkbox"/>	40	ASBESTOS CONSULT.-INSP MGMT PLNR	110	<input type="checkbox"/>	18	SPEECH PATHOLOGIST	2,309
<input type="checkbox"/>	39	ASBESTOS CONSULT.-INSPECTOR	252	<input type="checkbox"/>	32	SUB-SURFACE SEWER CLEANER	252
<input type="checkbox"/>	41	ASBESTOS CONSULT.-PROJ. DESIGNER	120	<input type="checkbox"/>	33	SUB-SURFACE SEWER INSTALLER	2,552
<input type="checkbox"/>	42	ASBESTOS CONSULT.-PROJ. MONITOR	221	<input type="checkbox"/>	47	VETERINARIANS	1,194
<input type="checkbox"/>	53	ASBESTOS CONTRACTOR	235				
<input type="checkbox"/>	54	ATHLETIC TRAINERS	509	<input type="checkbox"/>	56	FUNERAL HOMES	299
<input type="checkbox"/>	17	AUDIOLOGIST	244	<input type="checkbox"/>	57	OPTICAL SHOPS	231
<input type="checkbox"/>	25	BARBERS	1,620				
<input type="checkbox"/>	45	CERT ALCOHOL / DRUG CNSLR	298				
<input type="checkbox"/>	07	CHIROPRACTOR	1,015				
<input type="checkbox"/>	22	DENTAL GEN ANES/CONS SEDAT PMTE	133				
<input type="checkbox"/>	21	DENTAL CONSCIOUS SEDATION PMTE	15				
<input type="checkbox"/>	13	DENTAL HYGENIST	3,503				
<input type="checkbox"/>	02	DENTIST	3,181				
<input type="checkbox"/>	59	DIETITIAN / NUTRITIONIST	641				
<input type="checkbox"/>	15	ELECTROLOGISTS	174				
<input type="checkbox"/>	30	EMBALMER	847				
<input type="checkbox"/>	73	EMERGENCY MED SRVCS INSTRUCTOR	432				
<input type="checkbox"/>	70	EMERGENCY MEDICAL TECHNICIAN	10,470				
<input type="checkbox"/>	71	EMERGENCY MEDICAL TECH-INTER	806				
<input type="checkbox"/>	31	FUNERAL DIRECTOR	62				
<input type="checkbox"/>	20	HAIRDRESSER /COSMETICIAN	23,968				
<input type="checkbox"/>	37	HEARING INSTRUMENT SPECIALIST	121				
<input type="checkbox"/>	09	HOMEOPATHIC PHYSICIAN	13				
<input type="checkbox"/>	52	LEAD ABATEMENT/CONSULT CNTRTR	31				
<input type="checkbox"/>	50	LEAD ABATEMENT CONTRACTOR	105				
<input type="checkbox"/>	64	LEAD ABATEMENT SUPERVISOR	140				
<input type="checkbox"/>	65	LEAD ABATEMENT WORKER	191				
<input type="checkbox"/>	51	LEAD CONSULTANT CONTRACTOR	40				
<input type="checkbox"/>	68	LEAD INSPECTOR	52				
<input type="checkbox"/>	67	LEAD INSPECTOR RISK ASSESSOR	113				
<input type="checkbox"/>	66	LEAD PLANNER/PROJECT DESIGNER	52				
<input type="checkbox"/>	44	LICENSED ALCOHOL / DRUG CNSLR	688				
<input type="checkbox"/>	16	LICENSED NURSE MIDWIFE	211				
<input type="checkbox"/>	11	LICENSED PRACTICAL NURSE	12,245				
<input type="checkbox"/>	27	MARRIAGE / FAMILY THERAPIST	944				
<input type="checkbox"/>	29	MASSAGE THERAPISTS	3,992				
<input type="checkbox"/>	69	MEDICAL RESPONSE TECHNICIAN	6,408				
<input type="checkbox"/>	05	NATUROPATHIC PHYSICIAN	231				
<input type="checkbox"/>	36	NURSING HOME ADMINISTRATOR	836				
<input type="checkbox"/>	48	OCCUPATIONAL THERAPIST	1,912				
<input type="checkbox"/>	49	OCCUPATIONAL THERAPIST ASST	602				
<input type="checkbox"/>	57	OPTICAL SHOP	231				
<input type="checkbox"/>	38	OPTICIAN	688				
<input type="checkbox"/>	03	OPTOMETRIST	663				
<input type="checkbox"/>	72	PARAMEDIC	1,914				
<input type="checkbox"/>	14	PHYSICAL THERAPIST	4,265				
<input type="checkbox"/>	63	PHYSICAL THERAPIST ASST	530				
<input type="checkbox"/>	23	PHYSICIAN ASSISTANT	1,596				
<input type="checkbox"/>	01	PHYSICIANS /SURGEONS/OSTEOPATHS	16,200				
<input type="checkbox"/>	19	PODIATRIST	309				
<input type="checkbox"/>	46	PROFESSIONAL COUNSELOR	1,560				
<input type="checkbox"/>	08	PSYCHOLOGIST	1,754				
<input type="checkbox"/>	28	RADIOGRAPHY TECHNICIAN	3,950				